#### COMMONWEALTH OF PENNSYLVANIA

#### CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report only if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

VAME OF FILING COMMITTEE,	CANDIDATE OF LOSSIET				N BEHALF	OF	CANOIDATE	, X	COMMITTE		LOB	BYIST
Peter Schwe					2							72
1529 Catali	ina Avenue	Fi.			-			317				******
my Allentown	t ab x			ST	PA			ZIP CO		)3 –	_	
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SO	WIN COUNC			DISTR	ICT NO.	PARTY		мо. 11	TE OF		TION YEAR 201
STH TUESDAY PRE-PRIMARY			VEAR 1	[ WO.	DAY	YEAR		4 (TH		OFFICE	USE O	
2. PRE-PRIMARY.	DATES OF REPORTING PERIOD			12	31	10		į				
30 DAY 3.	CASH BAI	ANCE AT END				NT / 7		I				
TH TUESDAY  RE-ELECTION		RTING PERIOD!	p'e			N/A	<del></del>		1.		5	
ND FRIDAY RE-ELECTION	OUTSTAN	DING DEBTS OF	I LIABI			N/A				3	*	
U DAY OST-ELECTION	<del></del>	AMENDMENT REPORT?	YES	NO	x					** (4		
NNUAE 7. EPORT X		TERMINATION REPORT?	YES								T.	
SANGER PROPERTY OF THE PROPERTY		REPURIT	169	NO	х				*		5	
RTI-			AFF	IDAVIT	SECT			L				
tatement is filed of tatement is filed or tatement	on behalf of a Can behalf of a Con behalf of a Con THE AGGREGATE SECRET BEFORE MEDICAL S	litical Commit indidate, the Contributing Lot entributing Lot entributing Res	AFF tee or Candid	Candida ate mus the Lobi	SECT tes's (t sign it by st m INCURRE T OF M	Comminere. ust sig	n here. THE REPORT GE AND BEL RE OF PER PRIN	RTING PERIOD SUITED NAME 134 -	RIOD INDICA CORRECT BMITTING F SET IE	ATED AB	OVE DIO	
tatement is filed of tatement	on behalf of a Can behalf of a Con behalf of a Con THE AGGREGATE SECRET BEFORE MINES AND THE SECRET BEFORE MINES A	plitical Committed and idate, the Contributing Lot on DISBURSE 0,00 AND THIS RESERVED AND THIS RESERVE	AFF  titee or  Candid  obyist,  MENTS OF  PORT IS,	Candida ate mus the Lobt	SECTION SECTIO	Comminere.  ust sign  D DURING  KNOWLED  SIGNATU  CET	THE REPO	RTING PERIOD SUITED NAME TO ANYTHME TO ANYTH	RIOD INDICA CORRECT BMITTING F EE 734	ATED AB	OVE DIO	
Attement is filed of tatement in the tatement is filed of tatement in the tatement is filed or tatement in the tatement is filed or tatement in tatement is filed or tatement in tatement in tatement in tatement is filed or tatement in tat	THAT TO THE BEST OF	Diffical Committed indidate, the Contributing Lot on DISBURSE QUO AND THIS RESERVED	AFF  titee or  Candid  byist,  MENTS OF  PORT IS,	Candida ate mus the Lobt	SECT  ttes's (t sign i by st mincurere for in)  Pet  610  AREA CO	Comminere.  ust sign burnere services	n here. THE REPO GE AND BEI RE OF PERIN	RTING PERIOR TRUE RESON SUITED NAME THE NAME TO SIGN T	RIOD INDICA CORRECT BMITTING F PER PHONI ELEPHONI PER PHONI PER PH	REPORT	OVE DIT	P NOT
tatement is filed of tatement	THE AGGREGATE SECRET OF THE AGGREGATE SECRET OF THE AGGREGATE SECRET OF THE AGGREGATE SECRET OF THE AGGREGATE MO.	Diffical Committed and indidate, the Contributing Lot on DISBURSE 0.00 AND THIS RESTRICT OF DAY THIS PROPERTY.  THIS DAY THE THIS PROPERTY OF THE PROPERTY OF	AFF  titee or  Candid  byist,  MENTS OF  PORT IS,	Candida ate mus the Lobt	SECT  ttes's (t sign i by st mincurere for in)  Pet  610  AREA CO	Comminere.  DE SIGNATURE PARTIES HA	THE REPORT OF AND BELL OF AND	ISON SUITED NAME TO ANTIME	RIOD INDICA CORRECT SMITTING IN ELEPHONI BELEPHONI PROVISION	REPORT	OVE DIT	P NOT
tatement is filed of tatement is filed or is wear (or affirm) June 3, 1937 (P.L.	THE AGGREGATE SECRET OF THE AGGREGATE SECRET OF THE AGGREGATE SECRET OF THE AGGREGATE SECRET OF THE AGGREGATE MO.	Diffical Committed and indidate, the Contributing Lot on DISBURSE 0.00 AND THIS RESTRICT OF DAY THIS PROPERTY.  THIS DAY THE THIS PROPERTY OF THE PROPERTY OF	AFF  ttee or  Candid  byist,  MENTS OF  PORT IS,	Candida ate mus the Lobt	SECT  ttes's (t sign i by st mincurere for in)  Pet  610  AREA CO	Comminere.  DE SIGNATURE PARTIES HA	n here. THE REPO GE AND BEI RE OF PERIN	ISON SUITED NAME TO ANTIME	RIOD INDICA CORRECT SMITTING IN ELEPHONI BELEPHONI PROVISION	REPORT	OVE DIT	P NOT
tatement is filed of tatement	THE AGGREGATE SECRET OF THE AGGREGATE SECRET OF THE AGGREGATE SECRET OF THE AGGREGATE SECRET OF THE AGGREGATE MO.	Indical Committed indicate, the Contributing Lob intributing L	AFF  ttee or  Candid  byist,  MENTS OF  PORT IS,	Candida ate mus the Lobt	SECT  ttes's (t sign i by st mincurere for in)  Pet  610  AREA CO	Comminere.  DE SIGNATURE PARTIES HA	THE REPO GE AND BEI PRIN	ISON SUITED NAME TO ANTIME	RIOD INDICATION OF THE TOTAL PHONISTON OF THE PHONISTON O	REPORT	OVE DIT	P NOT

Department of State 
Bureau of Commissions, Elections and Legislation
North Office Building 
Harrisburg, PA 17120-0029 
(717) 787-5280

## CAMPAIGN FINANCE REPORT

PAGE 1 UF \_\_\_\_\_

INOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificatio			Report Filed By	. <b>&gt;</b>	CAMDIL	ATE 1.	1300	11 EE 2.	i de	3.
Name of Filing Comm	nittee, Candidate or Lobbyis Peter Schweye	t: r				_11.				
Street Address: PO Box 436	8			, ··· · ·	58 - 7005-200					
Allentown				i.	State: PA		718 Co	15	H	
TYPE OF REPORT	FINAL SPACE 1.	PROTEIN	ARY		SO DAY POST PRIMI	3. 6.	ENDERONI REPORT		1250	KO,
(place X to the right of report type)	Partitions 7.x	PRE-BLECT	\$45000000000000000000000000000000000000		OST ELECT	role Roc Bar	REPORT	7400 m ( - )		
Name of Office Soug	ht by Candidate:				DATE OF	ELECTION	District Number	Office Code	Party Code	Code
	THE STREET	Liver a program			11 2	2010				FOR CODES
Summary of R and Expenditu	leceipts	0 18 20	170	To [	12 31			O) E de C		
A Amount Brough	t Forward From Last Re	port		600	788.31		Į		1.5	
B. Total Monetary	Contributions and Receip	ots (From Scho	edule I)						Ÿ.	
C. Total Funds Av	allable (Sum of Lines A	and B)		\$ 5,888.31						
D. Total Expenditu	res (From Schedule III)				604.70	100			4	
E. Ending Cash Ba	lance (Subtract Line D fi	om Line C)		\$ 5,283.61						
F. Value of In-Kir	nd Contributions Receive	d (From Sched	dule II)	\$ N/A				2	W	
G. Unpaid Debts a	nd Obligations (From Sch	edula IV)		8	N/A					
1 swear (or affirm) to correct and complete	het this report, including the		AFFIDAVI	this is	a Candida	Name to	eresidate	egnen fmy knowla	dge and be	Hef true,
Sworn to and subsc	ofGWU	20	<u></u>	) _ _	Timoth	у Р. Ві	ennar		eport	
My commission exp	A SE SE DA		-	<u> </u>	610 Area Co			eme 3-4640 Daytime Tele	phone Num	ber
PARTE THE PARTY	EXTENSIVE FORM		d Comm	ilttee,	andidate (	i de la cigni de				
(P.L. 1333, No. 320)		A STAN	this politi	cal com	nittee has n	not violated a	ny provisi	ons of the A	lat of June	3, 1937
Sworn to and subsc	of January Constitution	20	1()	D	Peter	G. Sch	wre of C	endidate		
My commission exp	of January Springer Springer May 1990 A	13 YR.		_	610 Area Co	ode		BY- 72 Daytime Tele		ber

Department of State Bureau of Commissions, Elections and Legislation 210 North Office Building Harrisburg, PA 17120-0029 (717) 787-5280

#### SCHEDULE I

PAGE 2 OF \_\_\_\_\_

### CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate Friends of Peter Schweyer Reporting Period

From 10/18/10 To 12/31/10

CONTRACTOR SOUND TO SELECTIONS AND MEGELVES TO SELECTION OF THE PROPERTY OF TH	RIBUTOR
TOTAL for the Reporting Period (1)	\$ N/A

2: CON SHIBUTHON'S SHOOT TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ N/A
All Other Contributions (Part B)	\$ 100.00
TOTAL for the Reporting Period	2) \$ 100.00

CAND PARTED	
Contributions Received from Political Committees (Part C)	\$ N/A
All Other Contributions (Part D)	\$ N/A
TOTAL for the Reporting Period (3)	\$ N/A

CONTRACTOR RESIDENCE PROPERTY IN THE PROPERTY OF THE PROPERTY	FROM PARTIES
	\$ N/A

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$ 100.00
---	-----------

#### PART A

## CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate Friends of Peter Schweye	r	vill vacator.	F	Reporting From 1	Period 0/18/1	10 To 12/31/10
				DATE	n an an indicate the second	AMOUNT
Full Name of Contributing Committee			NO.		YEAR	i de la constantina della cons
	and the state of the state of	and the same	PER PURLAGO	1219	YEAR	\$
Mailing Address						\$
City	State	Zip Code (Plus 4)	i	DAY		\$
Full Name of Contributing Committee				DAY		\$
Malling Address				DAY		\$
City	State	Zip Code (Plus 4)	MO.	E-DAY.	YEAR	\$
Full Name of Contributing Committee					YEAR	\$
Mailing Address	1111		MO.	DAY	YEAR	S
City	State	Zip Code (Plus 4)		3412-344	YEAR	s
Full Name of Contributing Committee		70-30-0		DAY		\$
Mailing Address					YEAR	\$
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	\$
Full Name of Contributing Committee		8	MO	DAY	PEAR	\$
Mailing Address					YEAR	3
City	State	Zip Code (Plus 4)		N	PEAR	\$
Full Name of Contributing Committee					I YEAR	\$
Mailing Address	4		3	DAY		s
City	State	Zip Code (Plus 4) —	MO	DAY	YEAR	\$
Full Name of Contributing Committee					YEAR	3
Mailing Address	,		N Marie Company		YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee		**************************************	The Trees		YEAR	\$
Mailing Address			MO		YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Enter Grand Total of Part A on S	ichedule I,	Detailed Summa	ry Page	, Section	on 2.	\$ N/A

PAGE	OF	1. 1

## ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to Itemize all other contributions with an aggregate value from \$50,01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

The second secon	
Name of Filing Committee or Candidate	Reporting Period
	From 10/18/10 To 12/31/10
Friends of Peter Schweyer	CONTROL OF THE PROPERTY OF THE PARTY OF THE

Telephone Control of	yer		DATE		AMOUNT
A Sandhina			10 31		
Galen C. Godbey	W1 5 1 5 5		1	TU VEAR	\$ 100.00
Mailing Address 1943 Livingston Street	9.	= - 10 - 20			\$
Allentown	State PA	Zip Code (Plus 4) 18104 _	MOL		\$
Full Name of Contributor	П		MO		\$
Malling Address		HI TO SHE THE STATE OF THE STAT	MO	YEAR	\$
City	State	Zip Code (Plus 4)	MO. DAY	YEAR	\$
Full Name of Contributor			MO. I DAY	EYEAR	\$
Mailing Address		T T T T T T T T T T T T T T T T T T T	MON DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO. DAY	YEAR	\$
Full Name of Contributor			MOZZEDAY	WW.	\$
Mailing Address	<del>anyintti,</del>		MOME MEDAY	YEAR	\$
City	State	Zip Code (Plus 4)		2000年	\$
Full Name of Contributor			- MOS - DAY	SYEAR	s
Mailing Address	III, A PARTIE		WANTE SEDAY	YEARS	\$
City	State	Zip Code (Plus 4)	MO	YEAR	
			Managar de DAY	C BUYEAR	\$
Full Name of Contributor		La Milia	MO WEDAY		\$
Mailing Address					\$
City City	State	Zip Code (Plus 4)		e eve	\$
Full Name of Contributor		-15"	SESMONE SAPA	YEAR	\$
Mailing Address	ML MILE		MO. DA	YEAR	\$
City	State	Zip Code (Plus 4)	## M6X 5 DAS	YEAR	\$
Full Name of Contributor			MO: BA	YEAR	\$
Mailing Address	Heli High		MO DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO. DA	Y YEAR	\$
-0100E					

#### PART C

PAGE \_\_\_\_UF\_\_\_

Reporting Period

## CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

OVER \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value over \$250.00 in the reporting period.

Friends of Peter Schwey	er			From _	10/18	1/10 To _12/31/10_
2000 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				DATE		AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address		Western Assessment	Mo.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	EYEAR .	\$
- 7		<b>—</b> ,				<b>4</b>
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
			ACCESSORE SECTION	DAY	######################################	
Full Name of Contributing Committee						\$
Mailing Address	SOLOW GUINNANCE		MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	s
Full Name of Contributing Committee			MO	DAY	YEAR	\$
Mailing Address		4	MO.	DAY	YEAR	
(40)						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			Mo.	BRY	YEAR	\$
Mailing Address	***************************************	The second secon	MQ.	DAY	YEAR	\$
City	State	Zip Cade (Plus 4)	MO.	DAY	YEAR	\$
14. 30.						W. U
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address	low-street line -		MO.	DAY	YEAR	\$.
City	State	Zip Code (Plus 4)	MMO.	DAY	YEAR	\$
Full Name of Contributing Committee			NO.	DAY	YEAR	
Edit Marie of Countries and Continues			4.5.4.5.5.00.00.00.00			\$
Mailing Address			MO.	YAG	YEAR	\$
Сну	State	Zip Code (Plus 4)	110	337.73	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	SYEAR	\$
Mailing Address				DAY	YEAR "	
	Y		\$1000 DUAL		2009CU 2 (0220	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
						PAGE TOTAL
Enter Grand Total of Part C on S	chedule I,	Detailed Summa	ry Page,	Section	n 3.	\$ N/A

DSEB-602 (7-99)

#### PARI D **ALL OTHER CONTRIBUTIONS**

#### OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributio	ns from	n political commi	ittees re	ported	in Part	U.)
Name of Filing Committee or Candidate	00 A	500	R	eporting		1
Friends of Peter Schweyer		The state of the s		From _	10/18	/10 To 12/31/10
N POODS I DOGSTANISTON				DATE		AMOUNT
Full Name of Contributor	W s	41.42	MO	(0)47	VEAR	\$
Mailing Address	-		MO.	PAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	MAYEAR	\$
Employer Name			Occupati	on		
Employer Mailing Address/Principal Place of Business		A				
Full Name of Contributor			MO.	DAY	/ YEAR	\$
Malling Address	Wil-		MOS	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name	J	Participation of the second	Occupati	on		
Employer Mailing Address/Principal Place of Business	-			V.//		
Full Name of Contributor			MO.S	DAY	YEAR	\$
Mailing Address			OF MOS	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name		T	Occupation			
Employer Mailing Address/Principal Place of Business		and the same of th	where the			
Full Name of Contributor			MO.	<b>DAY</b> 等	YEAR	\$
Mailing Address			MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	WEAR	\$
Employer Name	<u> </u>	<del>y cymradusy. T</del>	Occupati	on	10(0.533	The state of the s
Employer Mailing Address/Principal Place of Business		:	1			VILLENDER OF STATE OF
Full Name of Contributor	dinin	811	MO	SO YE	YEAR	\$
Melling Address		<del></del>	MO.	DAY	YEAR	\$
Chy	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name			Occupati	on		S.
Employer Mailing Address/Principal Place of Business		i				a de la companya de l

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL \$ N/A

DSEB-502 (7-99)

## PART E OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

10.0					
l Name.					
illing Address		_ m _ mail mark		and the second second	
ining roots		Zip Code (Plus 4)	MOSSIL DAY	YEAR Amou	int
ity	State		<i>III</i>	\$	
eceipt Description					and the second s
uti Name					
ailing Address	A Commission of the				
	State	Zip Code (Plus 4)	MO. DAY	YEAR Amo	unt
ity	State	SHE STATE TO SE		\$	
eceipt Description	A Comment			NAME OF THE PARTY	
uli Name					5.1 - Summer 2009 - 20
Mailing Address	e de distribuit a		All and the second second		
	State	Zip Code (Plus 4)	MO. DAY	YEAR I Amo	unt
ity				\$	
teceipt Description					
Full Name	and their	7. Sv. Svine - 11-11 - 7.			đr.
M	And the second second	Anna a sa	100		100
Mailing Address	," !		contraction contracts	VEAR AM	ount
City	State	Zip Code (Plus 4)	MO-E COA	\$	
Receipt Description					Total Control
A CONTRACTOR OF THE CONTRACTOR		1500			
Receipt Description	1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1	8			
Full Name		*			A A A A A A A A A A A A A A A A A A A
Full Name Mailing Address	State	Zip Code (Plus 4)	STMOTE PA	Y YEAR AM	ount
Full Name Mailing Address	State	Zip Code (Plus 4)	MOKE DA	YEAR AM	ount
ull Name Mailing Address	State	Zip Code (Plus 4)	MO:	YW YEAR S	ount
Full Name  Mailing Address  City  Receipt Description	State	Zip Code (Plus 4)	MO. DA	YEAR AM	ount
Full Name	State	Zip Code (Plus 4)			
Full Name  Mailing Address  City  Receipt Description  Full Name	State	Zip Code (Plus 4)	MO DA	S YEAR AT	ount
Full Name  Mailing Address  City  Receipt Description  Full Name  Mailing Address					ount

#### SCHEDULE II

PAGE \_\_\_\_OF\_\_\_

## IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

ENITEMIZED WEXIVES	SKINIBUTIONS FIRE EVED TO VALUE OF A	50.08 OR L	ESS PER CONTR	
27. 1. 13.	TOTAL for the Reporting Period	(1)	\$	
		A 1 ( ) ( ) ( ) ( )		
Mercore a constitution	E HUEGEVERO ETANAMO E OF SOUTHER OF SELECTION	000 FROM	PART	
The state of the state of	TOTAL for the Reporting Period	(2)	\$	- 2 5
		10.50 1000		
INCKINE (CERTRIBUTION	RESERVED A VALUE COVER S250,00 (FRO	A PART G	的情况是	
	TOTAL for the Reporting Period	(3)	\$	
			Market III, X-10	# SER.

## SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Cand	date		Report	ting Period	12/31/10
Friends of Peter Sc	hweyer		Fron	n 10/18/.	10 To 12/31/10
			DA	TE	AMOUNT
Full Name of Contributor		op the same of the same	MO D	YEAR	\$
	All parts and the	Carlo Carlo Carlo	WO D	YEAR	
Mailing Address					\$
City	State	Zip Code (Plus 4)	Mo. D	YEAR	\$
			J	لـــــاــــا	14
Description of Contribution:					
Full Name of Contributor		MODEL	AY YEAR	S	
		- and adjust the contains	E NAME SEA	AY YEAR	
Mailing Address			TRU- ST		\$
City	State	Zip Code (Plus 4)	MO.	YEAR .	\$
Description of Contribution:		9			
Full Name of Contributor			Mo. D	YEAR	\$
Full Name of Contributor	A Pro-				4
Mailing Address			MO.	YEAR	\$
	State	Zip Code (Plus 4)	MO. D	AY YEAR	
City		=!			\$
Description of Contribution:				7000-0	
			MO. D	AY YEAR	
Full Name of Contributor					\$
Mailing Address	437		M0, 0	AY YEAR	\$
Park Maria 1		Zip Code (Plus 4)	No.	AY YEAR	
City	State	- Zip Code ii 105 41			\$
Description of Contribution	الدريسانيوست بسند	The Same of the Same		1 1	
		والمرابع والمالية	PROGRAMMENT COMM	AY YEAR	
Full Name of Contributor			amanu.	JATHRI TEAN	\$
Mailing Address			MO.	YEAR YEAR	\$
3				DAY YEAR	
City	State	Zip Code (Plus 4)	Mo.	JAT	\$
Description of Contribution:					
Description of comments	22				
Full Name of Contributor			MO.	YEAR	\$
			Mo.	YEAR	s
Mailing Address					*
City	State	Zip Code (Plus 4)	MO.	DAY YEAR	\$
	المسل يرسين				
Description of Contribution:				5	i i i i i i i i i i i i i i i i i i i
		by Mark Cana-Il-	utions Date	llad	PAGE TOTAL
Enter Grand Total of Part	F on Schedule II,	in-Kina Contrib	utions Deta	lied	\$ N/A
Summary Page, Section 2.					

PAGE	C	)F

### SCHEDULE II IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

					Carlad		
Name of Filing Committee or Candidate		·	R	eporting		10 To 12/31/10	
Friends of Peter Schweyer					0/10/	AND REPORT OF THE PERSON AND PERS	
N 200 111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			The state of the s	DATE	THE PLOCATIONS	AMOUNT	
Full Name of Contributor			MO.	DAY	YEAR	<b>S</b>	
Mailing Address		) *	MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Employer of Contributor			Occupati	on			
Employer Mailing Address/Principal Place of Business			Descripti	on of Con	tribution	1. 3.1	
Full Name of Contributor		- 310	MQ.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Employer of Contributor		3	Occupation				
Employer Mailing Address/Principal Place of Business			Descripti	on of Con	tribution		
Full Name of Contributor			MO.	DAY	YEAR	s	
Mailing Address	===		М0.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	\$	
Employer of Contributor	ll.		Occupati	on			
Employer Mailing Address/Principal Place of Business	2	e resultanti di nomentano di E	Descripti	on of Con	tribution		
Full Name of Contributor			MO	DAY	YEAR	\$	
Mailing Address		CONTROL OF SHEET ME	MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Employer of Contributor	li, ale		Occupati	on			
Employer Mailing Address/Principal Place of Business		All &	Descript	on of Cor	tribution		
Full Name of Contributor			МО.	DAY	YEAR	\$	
Mailing Address					YEAR	\$	
City	State	Zip Code (Plus 4)	Man.		YEAR	\$	
Employer of Contributor			Occupati	on			
Employer Mailing Address/Principal Place of Business			Descripti	ion of Cor	tribution		
				- 11 - 23		PAGE TOTAL	

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

DSEB-502 (7-99)

#### SCHEDULE III

## STATEMENT OF EXPENDITURES

me of Filing Committee or Candidate		ľ	From 10/18/10 To 12/31/10	
Friends of Peter Schweyer		Chiana de Caraldo de C	لــــــــــــــــــــــــــــــــــــــ	FIOR = 97 = 97
	VIEW IS			DAY YEAR Amount
To Whom Paid			MO. 12	13 10 \$ 292.50
Allentown Toy Mfg Co			Descript	nation for Toy Distribution
Mailing Address 725 N 10th Street	25 N 10th Street			lation for Toy Distribution
Allentown	PA	18102-		Amount
To Whom Paid The Crayola Store				14 10 S 127.20
Mailing Address			Descrip	nation for Toy Distribution
18 Centre Square	State	Zip Code (Plus 4)	1001	lactor 101 102
Eity Easton	PA	18042 _		
To Whom Paid Jack Pressman Memorial Scholar	rship	Fund	110.	27 10 \$ 33.00
			Descrip	ition of Expenditure ation
2030 Tilghman Street, Suite 2	State	Zip Code (Plus 4)	1	
Allentown	PA	18104_	- 60	
			MO.	DAY YEAR Amount 100.00
Lehigh County Senior Center			Descrip	otion of Expenditure.
1633 Elm Street	1811ing Address 1633 Elm Street			MacTon
chy Allentown	PA	Zip Code (Plus 4) 18102		The second secon
			MO.	Amount 20.00
Lehigh County Senior Center	100		Descri	ption of Expenditure
Mailing Address 1633 Elm Street		, yay = ====	Do	nation
City	State	Zip Code (Plus 4) 18102_		31
Allentown	1	A THINK IS THE WAY	MO.	Amount 15.00
To Whom Paid Susquehanna Bank			12	6 10 \$ 15.00
Mailing Address			Bar	iption of Expanditure 1k Fee
PO Box 1000	State	Zip Code (Plus 4)	A. Transaction	
Allentown	PA	17543 _		
To Whom Paid	49.6		12	9 10 \$ 15.00
Susquehanna Bank			Descr	letion of Expenditure
Mailing Address PO Box 1000				nk Fee
City Allentown	State			189
To Whom Paid	سايد		MO	DAY YEAR Amount
			Descr	ription of Expanditure
Mailing Address			-	
City	State	Zip Code (Plus 4		
				PAGE TOTAL
Enter Grand Total of Expenditures on I	n 4	Panort Cover	Page	•
Enter Grand Total of Expenditures on I	rege 1	LISPOIL COASI	3~	

## SCHEDULE IV STATEMENT OF UNPAID DEBTS

Use this Section to Itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

2000	outstanding at the end of the	_				
Ne of Filling Committee of Carlotonto			10/18/	10/18/10 To 12/31/10		
Friends of Peter Schweye	er		rom			
				Outstanding Balance of Debt		
Name of Creditor			error govern de la constitution de	\$		
Mailing Address	DEBT	RIO.	DAY YEAR			
City	INCURRED	State Zi	p Code (Plus 4)			
2.17	Comments - Comments					
Description of Debt	*			4 00 0 11 4555		
Name of Creditor				Outstanding Balance of Debt		
* A STATE OF THE S	DATE	- Na V	DAY YEAR	\$		
Mailing Address	DEBT					
City		State 2	ip Code (Plus 4)			
Description of Debt	9					
Name of Creditor				Outstanding Balance of Debt		
	DATE	MD.	DAY YEAR			
Mailing Address	DEBT		=8			
City		State Z	ip Code (Plus 4)			
Description of Debt		L				
Description of post	25 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			Outstanding Balance of Debt		
Name of Creditor				\$		
Mailing Address	DATE	MO	DAY YEAR			
989 	DEST INCURRED	State 2	ip Code (Plus 4)	-		
City		J. C.	-			
Description of Debt						
				Outstanding Balance of Debt		
Name of Creditor				\$		
Mailing Address	DATE DEBT	MO.	DAY YEAR	4		
City	INCURRED	State 2	Zip Cade (Plus 4)			
city						
Description of Debt	and the great of the same of t			T was a common		
				Outstanding Balance of Debt		
Name of Creditor				\$		
Mailing Address	DATE DEBT -	MO.	DAY YEAR	4		
City	INCURRED	State	Zip Code (Plus 4)			
City	and the latest terminal and the second		-			
Description of Debt						
				PAGE TOTAL		

N/A

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Itam G.

# LEHIGH COUNTY GOVERNMENT CENTER OFFICE OF THE ELECTION BOARD 17 S. SEVENTH STREET, ALLENTOWN, PA 18101-2400 PHONE: (610) 782-3194 FAX: (610) 770-3845

TO:

FRIENDS OF PETER SCHWEYER

C/O TIMOTHY P BRENNAN

2030 TILGHMAN ST, SUITE 100

ALLENTOWN, PA 18104

DATE:

01/18/2011

FROM:

Timothy A Benyo, Chief Clerk Election Board of Lehigh County

SUBJECT: Expense Report - Annual

As a candidate, candidate's committee or other committee which has supported a candidate(s), you are required by law to file an Expense Report. The date for filing this information is as follows:

REPORT	COMPLETE AS OF	FILING DEADLINE
2010 Annual Report	12/31/2010	01/31/2011

The report must be received in this office no later than 01/31/2011 at 4:00 P.M. to be considered timely filed. Reports which are mailed must be sent by first class mail and post marked by the U.S. Postal Service no later than the day prior to the filing deadline, in order to be accepted as timely filed.

Please remember that you will be assessed a penalty of \$10.00 for each day or part of the day (excluding Saturdays, Sundays and Holidays) that the campaign expense statement or campaign expense reports are overdue, plus an additional fee of \$10.00 for each of the first six days that the statement or report is overdue.

Candidates must file reports or statements which are separate from and in addition to their committee's. If you submit both reports at the same time, please be certain not to staple them together.

If you have any questions, please call Terri Harkins at 782-3197.